

For the Western District of Tennessee

July 8 2005

Preston Catchings

Mr. Morrow et al

Case No. 04-159 EJC

Notice of Intent

I Preston Catchings #B18456, filed this Appeal in a timely fashion. But due to putting the wrong portion in an envelope, it was mailed to the 3rd Circuit Court instead of to the District Court. Nevertheless, the 3rd Circuit Clerk should have forwarded the package see Rule 3(a) 1, Fed. Rules of Appellate Procedure and Rule 3.9 Third Cir. L.A.P.

The package in question "Notice of Appeal" was mailed 7/25/05 postmarked 7/26/05, received by the 3rd Circuit Court on 7/29/2005. Please file this Notice of Appeal according to procedure. Receipt signed on notice of appeal & letter. The envelope that left Scott Crosson was dated 7/26/2005.

I mailed it out 7/25/2005. I received it back 8/1/2005.

enclosure: Notice of Appeal

enclosure: Letter of Returned Appeal

Respectfully Submitted



*B18456

Preston Catchings #B18456
SCC Crosson P.O. Box "A"
Old Route 22, Crosson TN

or 16699

OFFICE OF THE CLERK

MARCIA M. WALDRON
CLERK

UNITED STATES COURT OF APPEALS
FOR THE THIRD CIRCUIT
21400 UNITED STATES COURTHOUSE
601 MARKET STREET
PHILADELPHIA 19106-1790

TELEPHONE
215-597-2995

July 29, 2005

Preston Catchings
BJ 8956
P.O. Box A
Cresson, PA 16699-0001

Re: Undocketed in Third Circuit Court of Appeals

Dear Mr. Catchings:

The enclosed notice of appeal is returned to you. As you have previously been advised, any notice of appeal must be filed with the clerk of the District Court and not directly with this Court. A copy of this Court's May 2, 2005 letter in which you were last advised of this is also enclosed for your information.

Very truly yours,

Marcia M. Waldron, Clerk

By:

/s/ Bradford A. Baldus

Bradford A. Baldus

Senior Legal Advisor to the Clerk

Enclosures

<p>Form DC-135A</p> <p style="text-align: center;">INMATE'S REQUEST TO STAFF MEMBER</p>	<p style="text-align: center;">Commonwealth of Pennsylvania Department of Corrections</p> <p style="text-align: center;">INSTRUCTIONS</p> <p>Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.</p>
<p>1. To: (Name and Title of Officer)</p>	<p>2. Date:</p>
<p>3. By: (Print Inmate Name and Number)</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Inmate Signature</p>	<p>4. Counselor's Name</p> <p>5. Unit Manager's Name</p>
<p>6. Work Assignment</p>	<p>7. Housing Assignment</p>
<p>8. Subject: State your request completely but briefly. Give details.</p> <div style="border: 1px solid black; height: 150px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; border: 2px solid black; transform: rotate(45deg); transform-origin: right top;"></div> </div>	
<p>9. Response: (This Section for Staff Response Only)</p> <div style="border: 1px solid black; height: 150px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; border: 2px solid black; transform: rotate(45deg); transform-origin: right top;"></div> </div>	
<p>To DC-14 CAR only <input type="checkbox"/></p>	<p>To DC-14 CAR and DC-15 IRS <input type="checkbox"/></p>

Staff Member Name _____ / _____ Date _____
Print Sign

[illegible]

Staff Member Name _____ / _____ Date _____
Print Sign

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

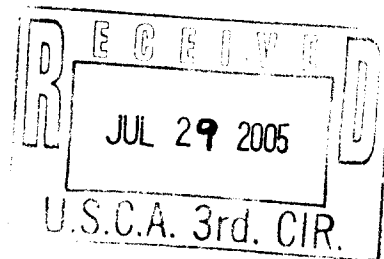
OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.



B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

[illegible]

Staff Member Name _____ / _____ Date _____
Print Sign